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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/881,012	06/13/2001	Edward I. Ginns	015280-248120US

CONFIRMATION NO. 8624

20350
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FORMALITIES LETTER



OC00000007182055

Date Mailed: 12/11/2001

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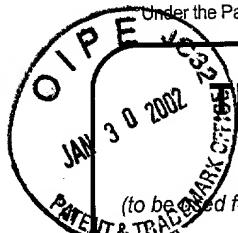
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(to be used for all correspondence after initial filing)

		Application Number	09/881,012
		Filing Date	June 13, 2001
		First Named Inventor	Ginns, Edward I.
		Group Art Unit	1655
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	015280-248120US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response – "SEQUENCE LISTING SUBMISSION STATEMENT ... AND PRELIMINARY AMENDMENT" <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> (1)-Sequence Listing paper copy, pages 1-45 (2)-Formalities Letter, part 2 (3)-Return Postcard
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Jean M. Lockyer, Ph.D.	Reg. No. 44,879
Signature		
Date	January 17, 2002	

CERTIFICATE OF MAILING

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January 17, 2002

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